

United States Postal Service
Postage Statement — First-Class Mail & Priority Mail

Use this form for either First-Class Mail or Priority Mail.
They may not be combined.

Comments:

USPS: Note M

Time



FILED

July 2-07
04:59 PM

MAILER	Permit Holder's Name and Address and Email Address, If Any Taylor Direct 751 Pike Springs Road Phoenixville PA 19460		Telephone (610)-933-7400 Extension	Name and Address of Mailing Agent (If other than permit holder) DI (San Clement) Job #30413		Telephone () - - Extension	Name and Address of individual or Organization for which mailing is prepared (If other than permit holder) California American Water 50 Ragsdale Drive, Suite 100 Monterey CA 93940	
	CAPS Cust Ref No. _____ Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____			
MAILING	Post Office of Mailing Royersford, PA 19468		Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM 301.3) <input type="checkbox"/> Parcels		Mailing Date 3/30/2007	Fed. Agency Cost Code		Statement Seq. No. DIRECT
	Type of <input checked="" type="checkbox"/> Permit Imprint Postage <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Weight of a Single Piece 0.0281 pounds		Total Pieces 29,274		No. & Type of Containers 1' MM Trays 2' MM Trays 2' EMM Trays Total Trays Flat Trays Sacks Pallets	
	Permit # 539		For Mail Enclosed Within Another Class <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post		Total Weight 822.5994		70 70	
	For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.3.3) 3/27/2007		For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.3.3) 3/27/2007					

Parts Completed (Select all that apply) ☒ A ☐ B ☒ C ☐ D ☐ E ☐ F ☐ S

POSTAGE	Total Postage (Add Parts Totals)		8,761.96
	Rate at Which Postage Affixed (Check one) (DMM 234, 334, 434) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither		pcs. x \$ = Postage Affixed
	Net Postage Due (Subtract postage affixed from total postage)		
	For USPS Use Only: Additional Postage Payment (State reason)		
	For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.		Total Adjusted Postage Affixed
CERTIFICATION	Permit Imprint Only - Check One <input type="checkbox"/> AIC 121 (First-Class Mail) PM: Report Total Postage in AIC: <input type="checkbox"/> AIC 237 (Priority Mail)		Total Adjusted Postage Permit Imprint

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

Signature of Mailer or Agent 	Printed Name of Mailer or Agent Signing Form	Telephone Extension
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USPS USE ONLY	Weight of a Single Piece _____ pound		Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" state reason:	
	Total Pieces	Total Weight		
	Total Postage			
	Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		Date Mailed Notified	Contact
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).		By (Initials)	
	Verifying Employee's Signature 		Print Verifying Employee's Name	Time AM PM

Round Stamp (Required)

